



**Memorandum of Agreement for Data Exchange  
Virginia Department of Health/Division of Immunization (VDH/DOI)  
Virginia Immunization Information System (VIIS)**

§ 32.1-46.01 of the Code of VA authorizes the Board of Health to establish the Virginia Immunization Information System (VIIS), a statewide immunization registry. VDH/DOI requests immunization data exchange with other organizations to provide a complete immunization record in VIIS. The purpose of this MOA is to authorize data exchange between VDH and

\_\_\_\_\_  
(name of organization)

**Responsibilities**

**Virginia Department of Health (VDH) agrees to:**

- Specify method and record format for Data Exchange with VIIS.
- Work with the organization to resolve all issues identified.
- Share additional immunization data in VIIS for the organization's clients
- Handle and maintain all information in a confidential and secure manner even after termination or expiration of this agreement

**The organization agrees to:**

- Provide client and immunization data in return for immunization data from VIIS.
- Work with VDH to resolve all system or data problems identified
- Handle and maintain all information in a confidential and secure manner even after termination or expiration of this agreement

**TERM AND TERMINATION OF THIS MEMORANDUM OF AGREEMENT**

This MOA shall be effective on \_\_/\_\_/\_\_\_\_, and remain in effect until either party provides the other with written notice of its intention to terminate. This MOA may be amended at any time by written mutual agreement.

**Organization**

\_\_\_\_\_  
Signing Authority Printed Name

\_\_\_\_\_  
Signing Authority Signature

\_\_\_\_\_  
Date

**Virginia Department of Health**

\_\_\_\_\_  
Signing Authority Printed Name

\_\_\_\_\_  
Signing Authority Signature

\_\_\_\_\_  
Date

Please Mail to: VIIS Coordinator  
VDH/ Division of Immunization  
Room 314 West  
109 Governor Street  
Richmond, Virginia 23219

Fax: (804) 864-8089 or -8090

